

# EXHIBIT 13

ssociates

<b>Provider</b>	<b>MR Number</b>	<b>Comments</b>	<b>Bill Status</b>
Leachman Cardiology Associates	(0)2145516		
Leachman Cardiology Associates	(0)5062965		Pre-Payment
Leachman Cardiology Associates	(0)5062559		Insurance
Leachman Cardiology Associates	(0)2636869		Bill Patient
Leachman Cardiology Associates	(0)2017570		Adjusted closed bill
Leachman Cardiology Associates	(0)5080153		Bill Patient

**PHYSICIAN'S FEES****UPDATE LETTER**

PATIENT NAME: [REDACTED]

DATE: 03/06/2012

MR#:A03113021

As a courtesy, please find enclosed the invoices of the Providers that were on the case. These charges are separate from the hospital.

**TOTAL CHARGES**

JOSEPH COSELLI,MD		BILLED YOU DIRECTLY *
GULF COAST PATHOLOGY	\$5,184.80	(20% included)
GHHN CV ANESTHESIA	\$8,160.60	(30% included)
SINGLETON ASSOCIATES	\$492.80	(30% included)
ARYA BASANT,MD (BAYLOR)	\$455.00	Card-Echo Doppler Interpretation
YOCHAI BIRNBAUM,MD	\$30.00	Card-Ekg Interpretation
JOSE CASAR,MD (PULMONARY )		BILLED YOU DIRECTLY *
OTHER CONSULTANTS		Not available yet.
<b>Total Physician and Ancillary Services</b>	<b>\$14,323.20</b>	
<b>BALANCE DUE:</b>		<b>\$14,323.20</b>

Please remit one of the following means:

**Credit Cards:**-American Express / /; Visa / /; Discover / /; MasterCard / /

**Account number:**

**Expiration Date:**

**Name:**

**Signature:**

**Check mail to:**

St. Luke's Episcopal Hospital  
6720 Bertner #B734 (International)  
Houston, Texas 77030

**Wire Transfer (Bank to Bank)**

Bank of America  
1020 Holcombe  
Houston, Texas 77030  
ABA#0260-0959-3  
SWIFT ADDRESS:BOFAUS3N  
ACCOUNT NAME:St.Luke's Episcopal Hospital  
ACCOUNT NUMBER: 003310141085  
SPECIAL INSTRUCTIONS:Patient name

**For Other Inquiries**

Mari Carmen Griesser  
fax #:832-3558712  
Phone #:832-3556391

**Check Delivery Form-11/7/2012**

<b>Floor</b>	<b>Suite</b>	<b>Dr. Office Name/Group</b>	<b>Nuber of Checks</b>	<b>Copy of check signed (y/n)</b>
12	1240	St. Lukes Medical Clinic	1	
14	1460	Dr. Attia	1	
14	1480	The Center for ENT	1	
17	1720	Dr. S Feghali	1	
17	1710	Dr. Nasser	1	
20	20	Kelsey-Seybold Clinic	1	
21	2105	Eye Excellence	1	
26	2600	Bone and Joint Clinic	1	
		<b>Total Checks</b>	<b>8</b>	
<b>Delivered By:</b>				

## FINANCIAL SUMMARY

## FINAL HOSPITAL ONLY

DATE: 11/15/2016

NAME: [REDACTED]

MR#: 5306714

As a Courtesy,

Per your request, we have paid additional medical expenses to the extent of funds remaining after hospital charges have been deducted from the debt. (\*) See below.

	Date	Amount	Totals:
Deposits:			
	9/7/2016	(Master Card) \$15,000.00	
	9/8/2016	(Master Card) \$117.00	
	9/19/2016	(Wire Transfer) \$149,962.00	
	10/5/2016	(Wire Transfer) \$89,962.00	
	10/21/2016	(Master Card) \$14,700.00	\$269,741.00
Hospital charges:			
See note	Har#10050943436	9/9/2016 \$32,523.75	
(*)	Har#10050948216	09/21-10/03/2016 \$506,503.00	
	Har#10050965449	10/08-10/14/2016 \$53,592.00	\$592,618.75
		Less 55% Discount:	(\$-325,940.31)
		Total Hospital Charges:	\$266,678.44
		Minus Total Deposits:	(-\$269,741.00)
Total amount available for assignment			(\$3,062.56) (Credit)

Providers Names	Paid
Cardiovascular Anesthesia	\$9,737.00 (see invoice)
TOTAL AMOUNT ASSIGNED:	\$9,737.00
TOTAL HOSPITAL BALANCE:	(Debit) \$6,674.44

(\*) Note: Hospital charges increased after Audit results.  
Charges were not final before you left the hospital.

( ) You have outstanding balance(s) with the following physician group(s).  
Please send payments directly to them: (attached contact names)

Singleton Assocs.(Radiologist)	Billed directly
Community Pathologist Asscs	\$14,035.65 (From 09/21-10/03/2016 see enclose invoices)
Emergency Physicians	1,100.00 (See enclose invoice)
Ekg Interpretations (Baylor)	Billed directly
Baylor Physicians	Billed directly
Pulmonologist (Baylor)	Billed directly
Other Consultants	N/A

Mari Carmen Griesser  
International Patient Advocate (Finance)  
Telephone: (832)355-6391  
Fax: (832)355-8712  
email: mgriesser@stlukeshealth.org

Hospital Final Summary  
 DATE: 11/15/2016  
 NAME: [REDACTED]  
 MR#: 5306714



As a courtesy as per your request, we have paid additional medical expenses to the extent of funds remaining after hospital charges have been deducted from the hospital deposit.

## Deposits:

Date	Form of pmt	Amount	Totals:
9/7/2016	(Master Card)	\$15,000.00	
9/8/2016	(Master Card)	\$117.00	
9/19/2016	(Wire Transfer)	\$149,962.00	
10/5/2016	(Wire Transfer)	\$89,962.00	
10/21/2016	(Master Card)	\$14,700.00	\$269,741.00

Hospital charges:  
 See note  
 (\*)

Har#10050943436	09/09/16	\$32,523.75	
Har#10050948216	09/21-10/03/2016	\$506,503.00	
Har#10050965449	10/08-10/14/2016	\$53,592.00	\$592,618.75
		Less 55% Discount:	(\$-325,940.31)
		Total Hospital Charges:	\$266,678.44
		Minus Total Deposits:	(\$-269,741.00)
Total amount available for assignment			-\$3,062.56

Providers Names	Paid	
Cardiovascular Anesthesia	\$9,737.00	(see invoice)
TOTAL AMOUNT ASSIGNED:		\$9,737.00
TOTAL HOSPITAL BALANCE:		\$6,674.44

(\*) Note: Hospital charges increased after Audit results. Charges were not final before you left the hospital  
 You have outstanding balance(s) with the following physician group(s). Please submit payments directly to physicians:

Singleton Assocs,(Radiologist)	Billed directly	
Community Pathologist Asscs	\$14,035.65	(DOS 09/21-10/03/2016)
Emergency Physicians	1,100.00	See enclosed invoice
Ekg Interpretations (Baylor)	Billed directly	
Baylor Physicians	Billed directly	
Pulmonologist (Baylor)	Billed directly	
Other Consultants	N/A	

Mari Carmen Griesser  
 International Advocacy Liaison  
 International Services  
 6624 Fannin, Suite 150, Houston, TX 77030  
 P 832.355.6391 | O 832.355.3350 | F 832.355.8712  
[mgriesser@StLukesHealth.Org](mailto:mgriesser@StLukesHealth.Org)  
[www.stlukeshealth.org](http://www.stlukeshealth.org)

To : Embassy of United Arab Emirates



Patient Name: [REDACTED] 30%  
 Letter of Guarantee: Reference # 185567  
 Account Number: 10050905315 Date(s) of Hospitalization: 7/15/2015  
 Total Charges for St. Luke's Hospital \$ 9,348.29 \$ 2,804.49 \$ 6,543.80  
 (NOTE: discount agreement w / hospital only)

Physicians (some Physicians/ providers may choose to bill separately - will note below):

Houston Oculoplastic Assoc (Billed Directly)	\$ 0.00	\$ 0.00	\$ 0.00
Singleton Associates	\$ 1,785.00	\$ 357.00	\$ 1,428.00
Total Charges for Physicians/Providers:	\$ 1,785.00	\$ 357.00	\$ 1,428.00
GRAND TOTAL:	\$ 11,133.29	\$ 3,161.49	\$ 7,971.80

**SUMMARY:**

SLEH HOSPITAL	\$ 6,543.80
PROVIDERS/PHYSICIANS	\$ 1,428.00
TOTAL	\$ 7,971.80

\*\*\*Please ensure all payments are done in accordance to what is referenced above\*\*\*

Please make check payable to CHI St. Luke's Health Baylor and mail to address noted below. Checks can also be prepared separately (hospital/physicians) and mailed to St. Luke's International Center, where they will personally be hand delivered for expedite process. If you have already paid the Physicians bills please disregard above notice.

CHI St. Luke's Health Baylor College of Medicine Medical Center

P.O. Box 4335

Houston, TX 77210-4335

UAE EMBASSY  
MILITARY OFFICE

FEB 03 2017

RECEIVED

To : Embassy of United Arab Emirates



Patient Name:		30%		
Letter of Guarantee:	Reference # 61448	Charges	Discount	Total
Account Number:	Date(s) of Hospitalization:			
10050781783	2/1/2016	\$ 1,402.00	\$ 420.60	\$ 981.40
10050784548	2/1/2016	\$ 10,125.00	\$ 3,037.50	\$ 7,087.50
10050788254	2/8/2016	\$ 786.00	\$ 235.80	\$ 550.20
10050793640	2/15/2016	\$ 786.00	\$ 235.80	\$ 550.20
10050800084	2/22 to 2/27/2016	\$ 26,171.50	\$ 7,851.45	\$ 18,320.05
Total Charges for St. Luke's Hospital		\$ 39,270.50	\$ 11,781.15	\$ 27,489.35

(NOTE: discount agreement w / hospital only)

Physicians (some Physicians/ providers may choose to bill separately - will note below):

Baylor College of Medicine	\$ 2,748.00	\$ 0.00	\$ 2,748.00
Singleton Associates	\$ 5,505.00	\$ 1,101.00	\$ 4,404.00
IPC of Texas	\$ 1,357.00	\$ 0.00	\$ 1,357.00
Houston Oculoplastic Associates	\$ 3,343.00	\$ 0.00	\$ 3,343.00
Total Charges for Physicians/Providers:	\$ 12,953.00	\$ 1,101.00	\$ 11,852.00
GRAND TOTAL:	\$ 55,523.50	\$ 13,542.15	\$ 41,981.35

**SUMMARY:**

SLEH HOSPITAL	\$ 27,489.35
PROVIDERS/PHYSICIANS	\$ 11,852.00
TOTAL	\$ 39,341.35

\*\*\*Please ensure all payments are done in accordance to what is referenced above\*\*\*

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CHI St. Luke's Health Baylor College of Medicine Medical Center

P.O. Box 4335

Houston, TX 77210-4335



Done

as per imad some invoices were already pd directly to singleton for \$ 3,300

Done

Done

**No invoices recd from MedCenter ER Phy**

**Mailed 3/29/16**

To: Embassy of United Arab Emirates



Patient Name:		30%		
Letter of Guarantee:	Reference # 4223	Charges	Discount	Total
Account Number:	Date(s) of Hospitalization:			
10050989420	11/17/2016	\$ 12,524.75	\$ 3,757.43	\$ 8,767.33
10050989427	11/18/2016	\$ 446.00	\$ 133.80	\$ 312.20
Total Charges for St. Luke's Hospital		\$ 12,970.75	\$ 3,891.23	\$ 9,079.53

(NOTE: discount agreement w / hospital only)

Physicians (some Physicians/ providers may choose to bill separately - will note below):

Singleton Associates	\$	\$	\$ 0.00
Alan Hoffman, MD	\$	\$	
	\$	\$	
Total Charges for Physicians/Providers:	\$	\$	\$ 0.00
GRAND TOTAL:	\$	\$	

**SUMMARY:**

SLEH HOSPITAL	\$ 9,079.53
PROVIDERS/PHYSICIANS	\$ 0.00
TOTAL	\$ 9,079.53

\*\*\*Please ensure all payments are done in accordance to what is referenced above\*\*\*

Please make check payable to CHI St. Luke's Health Baylor and mail to address noted below. Checks can also be prepared separately (hospital/physicians) and mailed to St. Luke's International Center, where they will personally be hand delivered for expedite process. If you have already paid the Physicians bills please disregard above notice.

CHI St.Luke's Health Baylor College of Medicine Medical Center

P.O. Box 4335

Houston, TX 77210-4335

To: Embassy of Oman



Patient Name:	[REDACTED]	10%		
Letter of Guarantee:	Pt. ID #: DIWAN/AC/07/16	Charges	Discount	Total
Account Number:	Date(s) of Hospitalization:			
10050909990	7/20/2016	\$ 1,799.00	\$ 179.90	\$ 1,619.10
Total Charges for CHI St. Luke's Hospital		\$ 1,799.00	\$ 179.90	\$ 1,619.10

(NOTE: discount agreement w / hospital only)

Physicians (some Physicians/ providers may choose to bill separately - will note below):

The Center for ENT, LLP	\$ 2,215.00	\$ 0.00	\$ 2,215.00
Maher M Nasser & Associates	\$ 1,050.00	\$ 105.00	\$ 945.00
Community Pathology Associates	\$ 0.00	\$ 0.00	\$ 0.00
Total Charges for Physicians/Providers:	\$ 3,265.00	\$ 105.00	\$ 3,160.00
GRAND TOTAL:	\$ 5,064.00	\$ 284.90	\$ 4,779.10

**SUMMARY:**

SLEH HOSPITAL	\$ 1,619.10
PROVIDERS/PHYSICIANS	\$ 3,160.00
TOTAL	\$ 4,779.10

**\*\*\*Please ensure all payments are done in accordance to what is referenced above\*\*\***

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CHI St.Luke's Health Baylor College of Medicine Medical Center

P.O. Box 4335

Houston, TX 77210-4335

To : Embassy of United Arab Emirates



Patient Name:		30%		
Letter of Guarantee:	Reference # 022000	Charges	Discount	Total
Account Number:	Date(s) of Hospitalization:			
10050792491	2/12/2016	\$ 1,488.00	\$ 446.40	\$ 1,041.60
10050778408	2/15 to 2/29/2016	\$ 31,408.25	\$ 9,422.48	\$ 21,985.78
10050798458	2/22/2016	\$ 5,280.61	\$ 1,584.18	\$ 3,696.43
10050798215	2/23 to 2/29/2016	\$ 61,211.00	\$ 18,363.30	\$ 42,847.70
Total Charges for St. Luke's Hospital		\$ 99,387.86	\$ 29,816.36	\$ 69,571.50

(NOTE: discount agreement w / hospital only)

Physicians (some Physicians/ providers may choose to bill separately - will note below):

Luis H Camacho, MD	\$ 500.00	\$ 0.00	\$ 500.00
Singleton Associates	\$ 895.00	\$ 179.00	\$ 716.00
MH Radiation Oncology	\$ 2,156.00	\$ 0.00	\$ 2,156.00
Pet Imaging of Houston	\$ 5,400.00	\$ 0.00	\$ 5,400.00
Total Charges for Physicians/Providers:	\$ 8,951.00	\$ 179.00	\$ 8,772.00

GRAND TOTAL:	\$ 108,338.86	\$ 29,995.36	\$ 78,343.50
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**SUMMARY:**

SLEH HOSPITAL	\$ 69,571.50
PROVIDERS/PHYSICIANS	\$ 8,772.00
TOTAL	\$ 78,343.50

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CHI St.Luke's Health Baylor College of Medicine Medical Center

P.O. Box 4335

Houston, TX 77210-4335

To : Embassy of United Arab Emirates



Patient Name:		30%		
Letter of Guarantee:	Reference # 53565	Charges	Discount	Total
Account Number:	Date(s) of Hospitalization:			
10050885738	7/5/2016	\$ 4,079.00	\$ 1,223.70	\$ 2,855.30
10050908787	7/21/2016	\$ 343.00	\$ 102.90	\$ 240.10
10050916027	8/29/2016	\$ 4,698.00	\$ 1,409.40	\$ 3,288.60
10050956721	9/27/2016	\$ 4,079.00	\$ 1,223.70	\$ 2,855.30
Total Charges for St. Luke's Hospital		\$ 13,199.00	\$ 3,959.70	\$ 9,239.30

(NOTE: discount agreement w / hospital only)

Physicians (some Physicians/ providers may choose to bill separately - will note below):

Baylor College of Medicine	\$ 17,997.84	\$ 1,799.78	\$ 16,198.06
Clinical Pathology Labs	\$ 490.00	\$ 0.00	\$ 490.00
Community Pathology Associates	\$ 689.90	\$ 0.00	\$ 689.90
Total Charges for Physicians/Providers:	\$ 19,177.74	\$ 1,799.78	\$ 17,377.96
GRAND TOTAL:	\$ 32,376.74	\$ 5,759.48	\$ 26,617.26

**SUMMARY:**

SLEH HOSPITAL	\$ 9,239.30
PROVIDERS/PHYSICIANS	\$ 17,377.96
TOTAL	\$ 26,617.26

**\*\*\*Please ensure all payments are done in accordance to what is referenced above\*\*\***

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CHI St.Luke's Health Baylor College of Medicine Medical Center

P.O. Box 4335

Houston, TX 77210-4335

To : Embassy of United Arab Emirates



Patient Name:		30%		
Letter of Guarantee:	Reference # 53565	Charges	Discount	Total
Account Number:	Date(s) of Hospitalization:			
10050854508	5/3/2016	\$ 628.00	\$ 188.40	\$ 439.60
10050856116	5/4 to 5/31/2016	\$ 178,630.00	\$ 53,589.00	\$ 125,041.00
10050854954	5/5/2016	\$ 4,079.00	\$ 1,223.70	\$ 2,855.30
10050856698	5/10/2016	\$ 5,253.10	\$ 1,575.93	\$ 3,677.17
Total Charges for St. Luke's Hospital		\$ 188,590.10	\$ 56,577.03	\$ 132,013.07

(NOTE: discount agreement w / hospital only)

Physicians (some Physicians/ providers may choose to bill separately - will note below):

Baylor College of Medicine	\$ 20,457.68	\$ 0.00	\$ 20,457.68
Clinical Pathology Labs	\$ 239.50	\$ 0.00	\$ 239.50
Community Pathology Associates	\$ 219.60	\$ 0.00	\$ 219.60
Eye Excellence	\$ 404.00	\$ 0.00	\$ 404.00
Total Charges for Physicians/Providers:	\$ 21,320.78	\$ 0.00	\$ 21,320.78

GRAND TOTAL:	\$ 178,410.88	\$ 47,127.03	\$ 131,283.85
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**SUMMARY:**

SLEH HOSPITAL	\$ 132,013.07
PROVIDERS/PHYSICIANS	\$ 21,320.78
TOTAL	\$ 153,333.85

\*\*\*Please ensure all payments are done in accordance to what is referenced above\*\*\*

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CHI St.Luke's Health Baylor College of Medicine Medical Center

P.O. Box 4335

Houston, TX 77210-4335

To : Embassy of United Arab Emirates



Patient Name:		30%		
Letter of Guarantee:	Reference # 4223	Charges	Discount	Total
Account Number:	Date(s) of Hospitalization:			
10050920388	8/5/2016	\$ 5,793.00	\$ 1,737.90	\$ 4,055.10
10050934310	8/26/2016	\$ 5,263.25	\$ 1,578.98	\$ 3,684.28
Total Charges for St. Luke's Hospital		\$ 11,056.25	\$ 3,316.88	\$ 7,739.38

(NOTE: discount agreement w / hospital only)

Physicians (some Physicians/ providers may choose to bill separately - will note below):

Baylor College of Medicine	\$ 3,960.50	\$ 0.00	\$ 3,960.50
Total Charges for Physicians/Providers:	\$ 3,960.50	\$ 0.00	\$ 3,960.50
GRAND TOTAL:	\$ 15,016.75	\$ 3,316.88	\$ 11,699.88

**SUMMARY:**

SLEH HOSPITAL	\$ 7,739.38
PROVIDERS/PHYSICIANS	\$ 3,960.50
TOTAL	\$ 11,699.88

**\*\*\*Please ensure all payments are done in accordance to what is referenced above\*\*\***

*Please make check payable to CHI St. Luke's Health Baylor and mail to address noted below. Checks can also be prepared separately (hospital/physicians) and mailed to St. Luke's International Center, where they will personally be hand delivered for expedite process. If you have already paid the Physicians bills please disregard above notice.*

CHI St.Luke's Health Baylor College of Medicine Medical Center

P.O. Box 4335

Houston, TX 77210-4335

To: Embassy of United Arab Emirates



Patient Name:		30%		
Letter of Guarantee:	Reference # 4223	Charges	Discount	Total
Account Number:	Date(s) of Hospitalization:			
10050846238	5/2/2016	\$ 12,485.75	\$ 3,745.73	\$ 8,740.03
10050862070	5/12/2016	\$ 4,850.00	\$ 1,455.00	\$ 3,395.00
10050864422	5/16/2016	\$ 566.00	\$ 169.80	\$ 396.20
10050864651	5/18/2016	\$ 9,676.00	\$ 2,902.80	\$ 6,773.20
Total Charges for St. Luke's Hospital		\$ 27,577.75	\$ 8,273.33	\$ 19,304.43

(NOTE: discount agreement w / hospital only)

Physicians (some Physicians/ providers may choose to bill separately - will note below):

Brian C Douglas, MD	\$ 3,050.00	\$ 0.00	\$ 3,050.00
Singleton Associates	\$ 725.00	\$ 145.00	\$ 580.00
Alan S Hoffman, MD	\$ 110.00	\$ 0.00	\$ 110.00
Community Pathology Associates	\$ 57.40	\$ 0.00	\$ 57.40
Total Charges for Physicians/Providers:	\$ 3,942.40	\$ 145.00	\$ 3,797.40

GRAND TOTAL:	\$ 31,520.15	\$ 8,418.33	\$ 23,101.83
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**SUMMARY:**

SLEH HOSPITAL	\$ 19,304.43
PROVIDERS/PHYSICIANS	\$ 3,797.40
TOTAL	\$ 23,101.83

\*\*\*Please ensure all payments are done in accordance to what is referenced above\*\*\*

Please make check payable to CHI St. Luke's Health Baylor and mail to address noted below. Checks can also be prepared separately (hospital/physicians) and mailed to St. Luke's International Center, where they will personally be hand delivered for expedite process. If you have already paid the Physicians bills please disregard above notice.

CHI St.Luke's Health Baylor College of Medicine Medical Center

P.O. Box 4335

Houston, TX 77210-4335



To: Embassy of United Arab Emirates



Patient Name:		30%		
Letter of Guarantee:	Reference # 140970	Charges	Discount	Total
Account Number:	Date(s) of Hospitalization:			
10050887653	6/16/2016	\$ 134.00	\$ 40.20	\$ 93.80
Total Charges for St. Luke's Hospital		\$ 134.00	\$ 40.20	\$ 93.80

(NOTE: discount agreement w / hospital only)

Physicians (some Physicians/ providers may choose to bill separately - will note below):

Houston Thyroid & Endocrine Specialist	\$ 1,200.00	\$ 0.00	\$ 1,200.00
Total Charges for Physicians/Providers:	\$ 1,200.00	\$ 0.00	\$ 1,200.00
GRAND TOTAL:	\$ 1,334.00	\$ 40.20	\$ 1,293.80

**SUMMARY:**

SLEH HOSPITAL	\$ 93.80
PROVIDERS/PHYSICIANS	\$ 1,200.00
TOTAL	\$ 1,293.80

**\*\*\*Please ensure all payments are done in accordance to what is referenced above\*\*\***

Please make check payable to CHI St. Luke's Health Baylor and mail to address noted below. Checks can also be prepared separately (hospital/physicians) and mailed to St. Luke's International Center, where they will personally be hand delivered for expedite process. If you have already paid the Physicians bills please disregard above notice.

CHI St.Luke's Health Baylor College of Medicine Medical Center

P.O. Box 4335

Houston, TX 77210-4335

To: Embassy of United Arab Emirates



Patient Name:	[REDACTED]	30%		
Letter of Guarantee:	Reference # 185567	Charges	Discount	Total
Account Number:	Date(s) of Hospitalization:			
10050905328	7/15/2016	\$ 3,895.00	\$ 1,168.50	\$ 2,726.50
Total Charges for St. Luke's Hospital		\$ 3,895.00	\$ 1,168.50	\$ 2,726.50

(NOTE: discount agreement w / hospital only)

Physicians (some Physicians/ providers may choose to bill separately - will note below):

Houston Ocuplastic Assoc (Billed Directly)	\$ 0.00	\$ 0.00	\$ 0.00
Singleton Associates	\$ 580.00	\$ 116.00	\$ 464.00
Total Charges for Physicians/Providers:	\$ 580.00	\$ 116.00	\$ 464.00
GRAND TOTAL:	\$ 4,475.00	\$ 1,284.50	\$ 3,190.50

**SUMMARY:**

SLEH HOSPITAL	\$ 2,726.50
PROVIDERS/PHYSICIANS	\$ 464.00
TOTAL	\$ 3,190.50

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CHI St.Luke's Health Baylor College of Medicine Medical Center

P.O. Box 4335

Houston, TX 77210-4335

 UAE EMBASSY  
 MILITARY OFFICE

FEB 08 2017

**RECEIVED**



# Authorization Pay Doctors/Transfers/Rush Refunds

Patient Name

Account # 13032-01711

Date: 1/29/2014

I hereby authorize St. Luke's Episcopal Hospital to pay additional medical expenses incurred by me from funds remaining of my deposit of \$\_\_\_\_\_ I am aware that the following expenses ARE NOT INCLUDED in the hospital bill and authorize payment(s) as follows:

Credit Availal

\$8,159.62

## Payable To:

## Final Fees

Credit Card - Circle One

MC

VS

DS

AE

CHECK

# RUSH

Need By:

Amt Refund

Singleton Associates 97297-00161  
 Gulf Coast Pathology 00066-00491  
 Surgical Associates 97321-00375  
 BCM Anesthesia 06027-00828  
 Baylor Medicare 00027-00056  
 Greater Hou Health Network 97297-00186  
 Cardiology Associates 02109-00497  
 Leachman Cardiology 97297-00168  
 Card Specs (Treisman) 97297-00140  
 Card Pulm Perf CPA 97297-00149  
 Pulm Crit Care PCCS 05187-00682  
 Inpatient Int Disease C 12236-00748  
 Inpatient Cons TX IPC 07050-00719  
 Med Gen ER Phys 00139-00321  
 Dr. Alan Hoffman 98140-00190  
 GHNN (Dr. Camacho) 01045-00417  
 Hall-Garcia Associates 97297-00157

\$1,178.32  
 \$105.60  
 \$1,398.00  
 \$3,436.00  
 \$950.00  
 \$1,091.70

Total amount collected for physicians:

\$8,159.62

PLEASE NOTE: This list may not include all physicians and we may have to add additional names as well as additional dollars after obtaining your signature. Patients' initials

Amount Collected

Package Price

Patient Signature

Authorize

Guarantor

Witness